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CORNER	STONE	SELECT	HOMES,	INC.
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P O BOX 729 MELBOURNE, FL 32902

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Docu	ment#)
2	(Corporation Name)	(Docu	ment#)
3	(Corporation Name)	(Doct	iment#)
4	(Corporation Name)	(Doct	ıment #)
Walk in	Pick up time	Photocopy	Certificate of Status

NEW FILINGS
Profit
NonProfit -
Limited Liability
 Domestication
Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
V	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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	CRETARY OF LAHASSEE, FI	9 MPR 29 PA	FILE	
	ORIDA	121	J	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/-QUALIFICATION.
Foreign
Limited Partnership
Reinstatement
Trademark
Other

MAY 3 1999.

Examiner's Initials

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Florida Department of State, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida, Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: ____ Homes Inc. ABU 1b. The mailing address of the corporation is: Po Box bourne 1c. Date of incorporation: 10-13-98 __ Document number: The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Registered Agent)

FILING FEE: \$35.00

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